Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 5, 2015. Records indicate that this facility was licensed on November 1, 1971. The facility is currently licensed for 100 residents. Therefore, we are requiring the facility to meet the 1971 Rules for Homes for the Aged, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1967 Edition Volume I of the North Carolina State Building Code-Section 516-Institutional Occupancies. Physical plant deficiencies were noted which require a plan of correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE DWELLEN CONTINUE CO- administratory

OKO DATE 12/24/15

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 101 C 101 : Continued From page 1 Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing by not have adequate fire detection. This would affect all residents, staff and visitors by not providing early detection and alarming. Findings on November 5, 2015: asking for extention There was no fire alarm detection in the large pantry in the Kitchen. ¥ b. There was no fire alarm detection in the Freezer Room There was no fire alarm detection in the connecting corridor between Kitchen and Freezer. C 150 C 150: Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. 11/15 Findings on November 5, 2015: organ moved a. Chapel exterior exit blocked with an organ and the room occupancy is larger than 49. C 164 C 164: Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT

10A NCAC 13F .0306 HOUSEKEEPING AND

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 164 C 164: Continued From page 2 FURNISHINGS . (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair: (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in good repair. This would affect all residents, staff and visitors by exposing them to, unclean conditions and replaced light assembly asking for extention replace from line equipment in disrepair. Findings on November 5, 2015: a. "E" Wing Resident Women Bath - the light fixture was missing its globe. Exit near Bedroom 15 - the floor tile was broken. Kitchen -the ice machine drain was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:

Based on observation, the Building plumbing

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX 1 CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 Continued From page 3 equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Replaced tolet Findings on November 5, 2015: 11/15 a. In the "E" Wing Resident Women Bath's the commode seat was loose. hjis b. In the "E" Handicapped Bathroom the commode seat was loose. c. In the "E" Handicapped Bathroom the commode was missing its tank lid. C 183 C 183: Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Had year by insporten/sorvice 11/15 Findings on November 5, 2015: a. Throughout the building, there was no documentation of the portable fire extinguisher's monthly inspections since the annual maintenance. C 185 C 185 Fire Safety-Rehearsals on Each Shift

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SECTION .0300 - PHYSICAL PLANT

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION (XX5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 5 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, and activating a smoke detector the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. was E wing was repaired by Pye-Barker 11/15 Findings on November 5, 2015: a. "A" Wing - the audible and visible devices did not function when the fire alarm system was activated. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors protecting the opening in the Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. 11/15 Findings on November 5, 2015: adjusted latches a. In the firewall separating "A" & "B" Wings, the right leaf of the cross-corridor doors did not latch when the fire alarm system released the doors. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on November 5, 2015: adjusted latches titled himse a. In the middle of "A" hall the back leaf, of the

double-egress cross-corridor doors near

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 6 Bedroom A22, did not latch when the fire alarm system released the doors. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an No problem found / Replaced anyway 11/15 emergency. Findings on November 5, 2015: Exit near Bedroom A32 - the exit sign did not work on backup power when tested. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on November 5, 2015: 11/15 a. In the "E" Wing Nurse Station the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. In the "A" Wing near Bedroom A26 the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Based on observations, the Building was not maintained in a safe and operating condition. because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.

Findings on November 5, 2015:

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)HD: (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 7 added Freblock from + conde 11/15 Basement, Storage room of Main Room there were gaps around cables that penetrate through the fire-resistance-rated ceiling added Florblish cank scalant assembly. b. "A" Wing Aid Station - there were gaps around a one inch PVC conduit that penetrate through the fire-resistance-rated ceiling assembly. c. "A" Wing Exterior Mechanical Room - the fire-resistance-rated ceiling assembly had lots of penetrations including no flanges around HVAC added Freblock conk/sentant duct penetrations. d. "D" Wing Sitting Room, there were gaps around an eyehook and two metal conduits that penetrates through the fire-resistance-rated ceiling assembly. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 5, 2015: Semi-annual inspection / service 11)15 a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in May 2015, there has been no record keeping of the monthly inspections. Based on Observation, the Building was not maintained in a safe and operating condition. because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing

smoke and fire in the room of origin.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189! Continued From page 8 C 189 Findings on November 5, 2015: removed all blocking ideas instructed staff to watch out for doors beins hold open, clid a. Corridor door to the "E" Wing Handicapped 11)15 Bath was blocked open with a chair, b. Corridor door to Bedroom B3 was blocked open with a trash can, what D. Warrell Susseshil on hinger c. Corridor door to Bedroom A3 was blocked open with a trash can, d. Corridor door to Bedroom A32 was blocked open with a trash can. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. adjusted hinse Findings on November 5, 2015: a. Corridor door to Bedroom D3 did not latch into its doorframe. b. Corridor door to Bedroom D5 did not latch n)15 adjusted hings into its doorframe because it had not latch bolt. c. Corridor door to Bedroom D6 did not latch 11/15 repaired struker into its doorframe. d. Corridor door to D Wing Men Bath did not adjusted hindur 11/15 latch into its doorframe. e. Corridor door to Bedroom D16 did not latch adjusted hinge 11/15 into its doorframe. . f. Corridor door to Bedroom D17 did not latch 11/15 hinge adjusted into its doorframe. g. Corridor door to Bedroom D18 did not latch Wh5 installed now knob into its doorframe. installed now latch plate h. Corridor door to B Wing Hall Ladies Bath had a retracted latch bolt, Corridor door to Bedroom B5 did not latch adjusted hinge ulie into its doorframe.

into its doorframe.

Corridor door to Bedroom A22 did not latch

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL090001 11/05/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 9 C 189 Tituel Scrows and adjusted Hoge 11/15 k. Corridor door to Bedroom A21 did not latch into its doorframe. 9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on November 5, 2015: - adjusted hinses - adjusted hinses Corridor door to Bedroom B17 hits the doorframe preventing it from closing and latching 11/18 without extra force b. Corridor door to Bedroom B1 hits the doorframe preventing it from closing and latching. 11. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the door does not function properly and limits quick egress of the buildina. Findings on November 5, 2015: The Dining Room's right back exit door's leaf hits the canopy above, limiting the availably to open the leaf pass 70 degrees. Based on Observation, and interview with Administrator, the Building was not maintained accessible for inspection. This deficiency affects all residents, staff and visitors by not preventing any deficiency that may be discovered with inspections from being corrected. Findings on November 5, 2015: a Key is made avaleble to a. Upper floor apartment - there was no key 11-16

onsite to allow access into this area,

Office in "A" Wing - there was no key onsite

all supervisory staff

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 11/05/2015 HAL090001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 10 to allow access into this area. 13. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Oxygen supply company provided 11/15 Findings on November 5, 2015: a. Little Office - eight portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure. C 195 C 195: Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to water temperature

outside of the limits set in the Rule. Findings on November 5, 2015:

PRINTED: 12/09/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL090001 11/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1812 NEW TOWN ROAD ELIZABETHAN GARDENS MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 195 C 195 Continued From page 11 have had the mixing value adjusted 11/15 have head the Mixing value octiliste 11/15 "E" Wing Resident Women Bath's sink had a hot water temperature of 92 degrees Fahrenheit. b. "B" Wing Ladies Restroom sink had a hot water temperature of 92 degrees Fahrenheit. C 199 C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled linen storage; soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by

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subjecting them to odors. Findings on November 5, 2015:

dissipate the odors.

Storage near Bedroom A31 - the local

exhaust ventilation system was running, but did not remove the required amount of air to

11/15

Reported by Hinson Services blown free/borner found